

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/578,216

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT			AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14		2					64						
15		1					65						
16		/					66						
17		/					67						
18		/					68						
19	/						69						
20		/					70						
21		/					71						
22		/					72						
23		/					73						
24		/					74						
25		/					75						
26		2					76						
27		/					77						
28		/					78						
29		4					79						
30		5					80						
31		11					81						
32	/						82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37	/						87						
38		/					88						
39	/						89						
40	/						90						
41		/					91						
42		/					92						
43		/					93						
44	/						94						
45		/					95						
46		/					96						
47	/						97						
48		/					98						
49		/					99						
50		/					100						
TOTAL NO.	8	↓		↓		↓	TOTAL NO.		↓		↓		↓
TOTAL DEP.	61	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	69						TOTAL CLAIMS						